

Reg. Dist. No. 77  
Primary Reg. Dist. No. 7700  
Registrar's No. 7700-2015001109

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 2015022614

11-51539

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) LUCINDA J ALLOWAY				2. Sex Female		3. Date of Death (Mo/Day/Year) March 04, 2015					
4. Social Security Number [REDACTED] 8746		5a. Age (Years) 58		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) January 09, 1957		7. Birthplace (City and State or Foreign Country) AKRON, OHIO	
8a. Residence State OHIO				8b. County SUMMIT				8c. City or Town AKRON			
8d. Street and Number 1218 BRIGGLE ROAD						8e. Apt. No.		8f. Zipcode 44320		8g. Inside City Limits? No	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Never Married				11. Surviving Spouse's Name (If wife, give name prior to first marriage)					
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No				14. Decedent's Race White			
15. Father's Name PAUL P KIRBY						16. Mother's Name (prior to first marriage) LAURETTA JARVIS					
17a. Informant's Name JACK EUGENE ALLOWAY JR						17b. Relationship to Decedent Husband			17c. Mailing Address (Street and Number, City, State, Zip Code) 1218 BRIGGLE ROAD		
18a. Place of Death NonHospital - Hospice Facility						AKRON, OHIO 44320					
18b. Facility Name (If not Institution, give street & number) HOSPICE CARE CENTER						18c. City or Town, State and Zip Code COPLEY, OH 44333			18d. County of Death SUMMIT		
19. Signature of Funeral Service Licensee or Other Agent <i>Daniel C. Davis</i>				20. License Number (of licensee) 9517		21. Name and Complete Address of Funeral Facility ADAMS MASON MEMORIAL CHAPEL 791 E MARKET ST AKRON, OH 44305					
22a. Method of Disposition Cremation				22b. Date of Disposition 03-06-2015		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) ADAMS MASON FUNERAL HOME					
22d. Location (City/Town and State) AKRON, OH											
23. Registrar's Signature <i>Tawanda M. Weems</i>				24. Date Filed March 6, 2015		25a. Name of Person Issuing Burial Permit WEEMS, TAWANDA					
25b. District No. 7700				25c. Date Burial Permit Issued 3/6/2015							
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				26b. Time of Death 2014		26c. Date Pronounced Dead (Mo/Day/Year) 3/4/2015		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>Molly Kramer</i>				26f. License number 35.066696		26g. Date Signed 3/5/2015					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death SCANTLING, MOLLY KRAMER, 3358 RIDGEWOOD AKRON, OH 44333											
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on each line. Type or print in permanent blue or black ink.										Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death)		a. Metastatic renal cell carcinoma								23 years	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)									
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)									
		d. Due to (or as Consequence of)									
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.											
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably						31. If Female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)											
33f. Describe How Injury Occurred:								33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:			

REGISTRAR DISPOSITION

CERTIFIER

CAUSE OF DEATH

HEA 2724 Rev. 01/07

COPY OF THIS CERTIFICATE WITH  
THE COUNTY CLERK OF THE COUNTY

HR-615029422

VERIFIED BY: [Signature]

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW